

1472

86

36000
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 86

Place of Birth.....
(Registration District)

Gila

County

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

APRIL 11, 1913

DATE OF BIRTH* (Month) (Day) (Year)

FULL* NAME FATHER

Peter Lazear

FULL* MAIDEN NAME MOTHER

Ethel G. Lazear

*These items to be entered by the local registrar before giving out this form.

Blank supplemental
10M 10-1-43-S.P.Co.

ports of birth may be obtained from the local registrar.

I HEREBY CERTIFY that the child described herein has been named

MARGARET LAZEAR

(Give name in full)

(Surname)

Peter Lazear

(Parent's Signature)

(Signature of Physician or Midwife)

439-411-565